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Bib Data Sheet

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|--|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10768,166  | <b>FILING OR 371(c) DATE</b><br>02/02/2004<br><b>RULE</b>   | <b>CLASS</b><br>438               | <b>GROUP ART UNIT</b><br>1765   | <b>ATTORNEY DOCKET NO.</b><br>0941-0910P |
| <b>APPLICANTS</b><br>Meng-Wei Wu, Hsinchu City, TAIWAN;<br>En-Shan Liang, Taoyuan County, TAIWAN;<br>Keng-Yao Lee, Hsinchu City, TAIWAN;<br>Su-Hua Wu, Miaoli County, TAIWAN;  |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b>  |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 092120946 07/31/2003  |   |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/08/2004</b>   |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>18                |
|  |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>2           |
| <b>ADDRESS</b><br>BIRCH STEWART KOLASCH & BIRCH, LLP<br>PO BOX 747<br>FALLS CHURCH ,VA 22040-0747  |   |                                   |   |  |
| <b>TITLE</b><br>DUAL DAMASCENE INTERCONNECTING LINE STRUCTURE AND FABRICATION METHOD THEREOF   |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>1070   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |